

DEC 13 1937

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

39719

1. PLACE OF DEATH Homer G Phillips Hospital

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. 2601)N Whittier

File No.....

Registered No. 40706

St. Ward)

2. FULL NAME Viola Washington(a) Residence, No. 1913 PapinSt. 22 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

C5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFWilliam Washington

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 16, 1901

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.366---

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.nil9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Arkansas

13. NAME

James Collins14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina

15. MAIDEN NAME

Florence Kindle16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North Carolina17. INFORMANT
(ADDRESS)Evelyn Hilliard2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Father DickNov 19 193719. UNDERTAKER
(ADDRESS)WATSON and Son2601 N Whittier

20. FILE

NOV 19 1937J. Brede

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Nov. 16193722. I HEREBY CERTIFY, That I attended deceased from
Nov. 12, 1937, to Nov. 16, 1937I last saw her alive on Nov. 16, 1937. Death is saidto have occurred on the date stated above, at 8:10 m. a.m.

The principal cause of death and related causes of importance were as follows:

Hypertensive heart diseaseDate of onset 11/12/37

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

Jas. B. Isaacs2601 N Whittier

, M. D.

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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1900

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